

Instructions for Completing the Imminent Risk Assessment Tool

1. Purpose and Background

The purpose of this assessment is to determine if an applicant would qualify for nursing facility diversion priority status on the MI Choice waiting list. An applicant is eligible for diversion status if they are living in the community or are being released from an acute care setting and are found to be at imminent risk of nursing facility admission using this assessment.

The supports coordinator must complete this instrument in person for applicants seeking MI Choice program enrollment who indicate that without MI Choice services, they will be admitted to a nursing facility in the very near future. **Once completed, the supports coordinator must forward the Imminent Risk Assessment (IRA) form with a completed Nursing Facility Transition Exception Request form to MDCH, HCBS Section, 400 S. Pine Street, Lansing MI 48909-7979 for final approval and authorization.** The supports coordinator must include an explanation of the reason the diversion is being requested in the Nursing Facility Transition Exception Request form.

MDCH expects that the supports coordinators will complete the interRAI for Home Care (iHC) assessment instrument at the same time the IRA tool is completed. If this is not possible, and the applicant scores an 8 on the IRA, the waiver agent should schedule and complete a full iHC within 7 days of completing the IRA. All approved diversion request forms are subject to retrospective reviews. The retrospective reviews will include an examination of the IRA tool and the corresponding MI Choice assessment.

The scoring for some items on the assessment differs depending upon the type of residence in which the participant currently lives. The basis for the difference in scoring is that licensing rules require licensed Adult Foster Care (AFC) homes and Homes for the Aged (HFA) to minimally provide basic personal care and supervision to all residents of their facilities. Therefore, persons in these settings who only require minimal assistance for activities of daily living (ADLs) are not at risk of nursing facility admission. Additionally, some questions on the IRA are not applicable to persons residing in licensed settings.

2. Fields on the Tool and Instructions For Completion

Agency Information Section:

Field	Instructions for Completion
Waiver Agent	Fill in the waiver agency that you represent.
Supports Coordinator	Provide your name and contact information.
Date	Indicate the date that the Imminent Risk Assessment was completed.

Applicant Information Section:

Field	Instructions for Completion
Name (Last, First)	Provide the applicant's name in the format specified.
Type of Residence	Check "Private" if the participant lives in a home, apartment, or unlicensed assisted living. Check "Licensed AFC/HFA" if the participant lives in a licensed setting. If the participant is currently in an acute care setting (i.e. hospital) check the type of residence the participant lived at just prior to the acute setting admission.
Date of Birth	Provide the applicant's date of birth.
Social Security #	Provide the applicant's social security number
Medicaid ID#	Provide the applicant's Medicaid identification number, if known.

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Imminent Risk Assessment Section:

Item/Field	iHC item	Instructions
1.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to bathe, shower, or take a sponge bath?	Section P: Functional Status, ADL Self-Performance, Bathing	Coding: Consider all episodes over 3-day period. <ul style="list-style-type: none"> ■ Code “No” if the participant always performed this activity independently, or required setup help or supervision only once in the last three days. ■ Code “Yes” if the participant required setup help or supervision at least two times, or additional assistance at any time in the last three days. ■ Code “Activity did not occur” if the person did not bathe at all in the last three days.
1.b. What kind of bathing help was provided?	Section P: Functional Status, ADL Self-Performance, Bathing	Coding: Consider all episodes over 3-day period. If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5. Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2 - 5. 0 = Independent - no physical assistance, setup, or supervision in any episode 1 = Independent setup help only - article or device provided or placed within reach, no physical assistance or supervision in any episode 2 = Supervision - oversight/cuing 3 = Limited assistance - guided maneuvering of limbs, physical guidance without taking weight 4 = Extensive assistance - weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks 5 = Maximal assistance - weight-bearing support (including lifting limbs) by 2+ helpers -OR- weight-bearing support for more than 50% of subtasks 6 = Total dependence - full performance by others during all episodes 8 = Activity did not occur during entire period <ul style="list-style-type: none"> ■ Code “No help” if all episodes are performed at level 0. ■ Code “Set-up help” if most dependent episodes are performed at level 1. ■ Code “Supervision” if most dependent episodes are performed at level 2. ■ Code “Physical assistance more than three times” if most dependent episodes are performed levels 3, 4, 5, or 6. ■ Code “Bathing did not occur” if answer is 8.
SCORING Item 1	Not Applicable	For persons residing in private home/apartment score one (1) point if answer to 1.a. is “ yes ” or “ activity did not occur. ” For persons residing in a licensed setting (AFC/HFA) , score one (1) point if answer to 1.b. is “ physical assistance more than three times ” or “ activity did not occur. ” Otherwise, score zero (0).

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2.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to dress themselves (including laying out of clothes, putting them on, and taking them off)?	Section P: Functional Status, ADL Self-Performance, Dressing lower body and Dressing upper body	Consider all episodes over 3-day period. <ul style="list-style-type: none"> ■ Code “No” if the participant always performed this activity independently, or required setup help or supervision only once in the last three days. ■ Code “Yes” if the participant required setup help or supervision at least two times, or additional assistance at any time in the last three days. ■ Code “Activity did not occur” if the person did not dress at all in the last three days.
2.b. What kind of dressing help was provided?	Section P: Functional Status, ADL Self-Performance, Dressing lower body and Dressing upper body	Consider all episodes over 3-day period. If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5. Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2 - 5. <p>0 = Independent - no physical assistance, setup, or supervision in any episode</p> <p>1 = Independent setup help only - article or device provided or placed within reach, no physical assistance or supervision in any episode</p> <p>2 = Supervision - oversight/cuing</p> <p>3 = Limited assistance - guided maneuvering of limbs, physical guidance without taking weight</p> <p>4 = Extensive assistance - weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks</p> <p>5 = Maximal assistance - weight-bearing support (including lifting limbs) by 2+ helpers -OR- weight-bearing support for more than 50% of subtasks</p> <p>6 = Total dependence - full performance by others during all episodes</p> <p>8 = Activity did not occur during entire period</p> <ul style="list-style-type: none"> ■ Code “No help” if all episodes are performed at level 0. ■ Code “Set-up help” if most dependent episodes are performed at level 1. ■ Code “Supervision” if most dependent episodes are performed at level 2. ■ Code “Physical assistance more than three times” if most dependent episodes are performed levels 3, 4, 5, or 6. ■ Code “Dressing did not occur” if answer is 8.
SCORING Item 2	Not Applicable	For persons residing in private home/apartment score one (1) point if answer to 2.a. is “ yes ” or “ activity did not occur. ” <p>For persons residing in a licensed setting (AFC/HFA), score one (1) point if answer to 2.b. is “physical assistance more than three times” or “activity did not occur.”</p> <p>Otherwise, score zero (0).</p>

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3.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to move in bed, including turning side to side and moving to and from a laying position?	Section P: Functional Status, ADL Self-Performance, Bed Mobility	Consider all episodes over 3-day period. <ul style="list-style-type: none"> ■ Code “No” if the participant always performed this activity independently, or required setup help or supervision only once in the last three days. ■ Code “Yes” if the participant required setup help or supervision at least two times, or additional assistance at any time in the last three days. ■ Code “Activity did not occur” if the person did not move in bed at all in the last three days.
3.b. What kind of help was provided to move in bed?	Section P: Functional Status, ADL Self-Performance, Bed Mobility	Consider all episodes over 3-day period. If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5. Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2 - 5. <p>0 = Independent - no physical assistance, setup, or supervision in any episode 1 = Independent setup help only - article or device provided or placed within reach, no physical assistance or supervision in any episode 2 = Supervision - oversight/cuing 3 = Limited assistance - guided maneuvering of limbs, physical guidance without taking weight 4 = Extensive assistance - weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks 5 = Maximal assistance - weight-bearing support (including lifting limbs) by 2+ helpers -OR- weight-bearing support for more than 50% of subtasks 6 = Total dependence - full performance by others during all episodes 8 = Activity did not occur during entire period</p> <ul style="list-style-type: none"> ■ Code “No help” if all episodes are performed at level 0. ■ Code “Set-up help” if most dependent episodes are performed at level 1. ■ Code “Supervision” if most dependent episodes are performed at level 2. ■ Code “Physical assistance more than three times” if most dependent episodes are performed levels 3, 4, 5, or 6. ■ Code “Activity did not occur” if answer is 8.
SCORING Item 3	Not Applicable	For persons residing in private home/apartment score one (1) point if answer to 3.a. is “ yes ” or “ activity did not occur. ” For persons residing in a licensed setting (AFC/HFA) , score one (1) point if answer to 3.b. is “ physical assistance more than three times ” or “ activity did not occur. ” Otherwise, score zero (0).

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4. In the last three days, what assistive devices has the person used to move around indoors?	Section P: Locomotion/ Walking, Primary Mode of Locomotion	<p>Intent: To record the primary mode of locomotion and type of appliances, aids or assistive devices the person used over the last 3 days.</p> <p>Definitions: Cane — A slender stick held in the hand and used for support when walking. Crutch — A device for aiding a person with walking. Usually it is a long staff with a padded crescent-shaped portion at the top that is placed under the armpit. Scooter — Motorized vehicle operated by a person for use in getting from one location to another. Walker — A mobile device used to assist a person with walking. Usually consists of a stable platform made of metal tubing that the person grasps while taking a step. The person then moves the walker forward and makes another step.</p> <p>Coding: <input type="checkbox"/> Code for the primary mode of locomotion used by the person indoors within the last 3 days. <input type="checkbox"/> Code “Cane, walker, scooter” for persons who walk by pushing a wheelchair in front of them for support, or if they use a Meri-Walker device as a walker-type device.</p>
SCORING Item 4	Not Applicable	Score one (1) point if answer is “ wheelchair ” or “ activity did not occur ,” regardless of type of residence. Otherwise, score zero (0).
5. In the last three days, has the person been left alone in the mornings or afternoons?	Section B: Social Functioning, Length of Time Alone During the Day (morning and afternoon)	<p>Intent: To identify the actual amount of time the person is alone.</p> <p>Definition: Length of time alone during the day (morning and afternoon) -- The amount of time the person is literally alone without any other person in the home. If the person is residing in a board and care facility, congregate housing, or other situation where there are other persons in their own rooms, count the amount of time the person spends alone in his or her room by him/herself as time alone.</p> <p>Process: First ask the person how much time he or she spends “alone”. Be clear about what is defined as “being alone”. Confirm with caregivers the amount of time the person spends “alone”.</p> <p>Coding: <input type="checkbox"/> Code for the most appropriate category.</p>
SCORING Item 5	Not Applicable	Score one (1) point if answer is “ no – person is never or hardly ever left alone ,” regardless of type of residence. Otherwise, score zero (0).

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6. In the last three days, has the person experienced a flare up of a recurrent or chronic health problem?	Section J: Health Conditions and Preventative Health Measures, Instability of Conditions, second item	<p>Definition: The person is symptomatic for an acute health condition (e.g., new myocardial infarction; adverse drug reaction; influenza) or recurrent acute condition such as aspiration pneumonia or a urinary tract infection. This item also includes those people who are experiencing an exacerbation or flare-up of a chronic condition (e.g., new onset shortness of breath in someone with a history of asthma; increased pedal edema in a person with congestive heart failure). This type of acute episode is usually of sudden onset, has a time-limited course, and requires evaluation by a physician.</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “No” if person has not experienced a flare up of a recurrent or chronic health problem. ■ Code “Yes” if the person has experienced a flare up of a recurrent or chronic health problem.
SCORING Item 6	Not Applicable	Score one (1) point if answer is “ yes ,” regardless of type of residence. Otherwise, score zero (0).
7. In the last seven days, has the person received prevention/care of a wound or skin ulcer, such as dietary treatments, moving/turning treatments, or use of pressure relieving devices?	Section Q: Service Utilization, Treatments: Wound Care and/or Programs: Turning/repositioning program	<p>Intent: To review prescribed treatments. This item includes special treatment, therapies and programs for the prevention or care of a wound or skin ulcer received or scheduled during the last 7 days, either in the home or on an outpatient basis.</p> <p>Definitions: Wound care — Includes the application of bandages (e.g. dry gauze dressings, dressings moistened with saline or other solutions, transparent dressings, hydrogel dressings, and dressings with hydrocolloid or hydroactive particles); wound irrigation; application of ointments and topical medications to treat skin conditions (e.g. cortisone, antifungal preparations, chemotherapeutic agents, etc); debridement (chemical or surgical) to remove dirt or dead tissue from a wound; suture removal. Turning/repositioning program — The person is periodically turned from side to side and onto his or her back while in bed. Once the person has been turned to the new side, staff ensures that the head, torso and limbs are positioned to minimize pain, promote function, and minimize pressure on bony prominences.</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “No” if person has not received treatments or programs for the prevention or care of a wound or skin ulcer. ■ Code “Yes” if the person has received treatments or programs for the prevention or care of a wound or skin ulcer.
SCORING Item 7	Not Applicable	Score one (1) point if answer is “ yes ,” regardless of type of residence. Otherwise, score zero (0).

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8. In the last seven days, has the person received or been scheduled for treatment with peripheral intravenous medication?	Section Q: Service Utilization, Treatments: IV Medication	<p>Intent: To review prescribed treatments. This item includes peripheral intravenous medication treatments received or scheduled during the last 7 days, either in the home or on an outpatient basis.</p> <p>Definition: IV medication — Includes any drug or biological (e.g. contrast material) given by intravenous push or drip through a central or peripheral port. Does not include a saline or heparin flush to keep a heparin lock patent, or IV fluids without medication.</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “No” if person has not received peripheral intravenous medication treatments in the last seven days. ■ Code “Yes” if the person has received peripheral intravenous medication treatments in the last seven days.
SCORING Item 8	Not Applicable	Score one (1) point if answer is “ yes ,” regardless of type of residence. Otherwise, score zero (0).
9. In the last three days, how well did the person make decisions about organizing the day (e.g., when to get up or have meals, what clothes to wear, what to do)?	Section E: Cognitive Patterns, Cognitive Skills for Daily Decision Making	<p>Intent: To record the person's actual performance in making everyday decisions about the tasks or activities of daily living (e.g., when to get up or have meals, which clothes to wear, or activities to do.)</p> <p>Definitions: Independent - decisions consistent, reasonable, safe Modified independence - some difficulty in new situations only Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times Severely impaired - never/rarely made decisions No discernible consciousness - coma</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “Person made decisions that were consistently reliable without difficulty” if independent. ■ Code “Person made decisions, even if he/she had difficulty, or decisions were poor and required supervision” if modified independence, minimally impaired, or moderately impaired. ■ Code “Persons rarely or never made decisions” if severely impaired or no discernible consciousness.
SCORING Item 9	Not Applicable	Score one (1) point if answer is “ person rarely or never made decisions ,” regardless of type of residence. Otherwise, score zero (0).

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10. In the past 90 days, has the person become agitated or disoriented such that the person's safety was endangered?	Not Applicable (was in MDS-HC under Indicators of Delirium)	<p>Intent: To record changes in behavior in the past 90 days such that the person's safety is endangered. Consult the participant, family members, medical professionals, formal caregivers, and others familiar with the person. Ask them to think about the person's behavior over the past 90 days.</p> <p>Definitions: Agitated: marked by restlessness and increased activity intermingled with anxiety, fear, and tension Disoriented: the loss of proper bearings, or a state of mental confusion as to time, place, or identity.</p> <p>Coding: Based on interaction with and observation of the person, code based on what you see or is reported to you, regardless of what you believe the cause to be.</p> <ul style="list-style-type: none"> ■ Code "No" if the person has not become agitated or disoriented to the point that the persons' safety was endangered over the last 90 days. ■ Code "Yes" if the person has become agitated or disoriented to the point that the persons' safety was endangered over the last 90 days.
SCORING Item 10	Not Applicable	Score one (1) point if answer is " yes ," regardless of type of residence. Otherwise, score zero (0).
11. In the last three days, how well has the person been able to make him/herself understood?	Section F: Communi- cation/ Hearing	<p>Intent: To document the person's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language, or a combination of these (includes use of word board or key board).</p> <p>Definitions: 0. Understood — The person expresses ideas clearly without difficulty. 1. Usually Understood — The person has difficulty finding the right words or finishing thoughts (resulting in delayed responses), BUT if given time, little or no prompting is required. 2. Often Understood — The person has difficulty finding words or finishing thoughts, AND prompting is usually required. 3. Sometimes Understood — The person has limited ability, but is able to express concrete requests regarding at least basic needs (e.g., food, drink, sleep, toilet). 4. Rarely or Never Understood — At best, understanding is limited to interpretation of highly individual, person-specific sounds or body language (e.g., caregiver has learned to interpret person signaling the presence of pain or need to toilet).</p> <p>Coding: <ul style="list-style-type: none"> ■ Code "Person is understood even if he/she has difficulty in finding words or finishing thoughts" if defined as 0, 1, or 2. ■ Code "Person is limited to making concrete requests or is rarely or never understood" if defined as 3 or 4. </p>

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SCORING Item 11	Not Applicable	Score one (1) point if answer is “ person is limited to making concrete requests or is rarely or never understood, ” regardless of type of residence. Otherwise, score zero (0).
12. In the last three days, has the person threatened, cursed at, or screamed at others?	Section G: Mood and Behavior Patterns, Behavior Symptoms, Verbal Abuse	<p>Intent: To identify the frequency of verbal abuse symptoms during the last three days that cause distress to the person, or are distressing or disruptive to others with whom the person lives. Such behaviors include those that are potentially harmful to the person or disruptive to others. This item is designed to pick up verbal abuse exhibited by the person that may be considered “combative or agitated” by some health professionals.</p> <p>Definition: Verbal abuse — e.g., others were threatened, screamed at, or cursed at.</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “No” if the person has not threatened, cursed at, or screamed at others in the last three days. ■ Code “Yes” if the person has threatened, cursed at, or screamed at others in the last three days.
SCORING Item 12	Not Applicable	Score one (1) point if answer is “ yes ,” regardless of type of residence. Otherwise, score zero (0).
13. In the last 90 days, has the person moved in with others, or have others moved in with the person?	Section D: Environmental Assessment, Living Arrangement	<p>Intent: To record the duration of the current living arrangement.</p> <p>Coding: A person who used to live with someone 90 days ago (e.g., a spouse who has since died) and now lives alone should be coded “yes” since their living situation has changed.</p> <ul style="list-style-type: none"> ■ Code “No” if the person’s living arrangement has not changed in the last 90 days. ■ Code “Yes” if the person’s living arrangement has changed in the last 90 days.
SCORING Item 13	Not Applicable	For persons residing in private home/apartment score two (2) points if answer is “ yes .” Otherwise, score zero (0).
14. In the last 14 days, has this person permanently lost an essential caregiver who provided necessary care (e.g., death of a spouse, child moved away, serious and permanent health decline of informal supports)?	Not Applicable	<p>Intent: To record the whether the person has lost an essential caregiver in the last 14 days.</p> <p>Coding:</p> <ul style="list-style-type: none"> ■ Code “No” if the person has not lost an essential caregiver in the last 14 days. ■ Code “Yes” if the person has lost an essential caregiver in the last 14 days.
SCORING Item 14	Not Applicable	For persons residing in private home/apartment score one (1) point if answer is “ yes .” Otherwise, score zero (0).
Total Score	Not Applicable	Add the scores from items 1 through 14 to obtain the total score for the Imminent Risk Assessment.

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3. Determining if the Person Meets the Imminent Risk Assessment Criteria

Persons with a total score of eight (8) or more may qualify for diversion status. Supports Coordinators should forward completed Imminent Risk Assessments with a score of 8 or more **AND** a completed Nursing Facility Transition Exception Request form to MDCH at the address indicated above for final approval. The Nursing Facility Transition Exception Request form must include a detailed explanation of why the Supports Coordinator is requesting diversion status for each applicant. MDCH will notify the waiver agent if the person qualifies for diversion status. Persons deemed eligible for diversion status can be moved to the third category (**Current Adult Protective Services (APS) Clients and Diversion Applicants**) on the MI Choice waiting list.

4. Where to Send Completed IRA and Nursing Facility Transition Exception Request Forms

Mail to: MDCH, MSA, Home and Community Based Services Section
400 S. Pine Street, 7th Floor
P.O. Box 30479
Lansing, MI 48909-7979

Facsimile: (517) 241-7816

5. Questions

Please direct any questions related to this document to either Ellen Speckman-Randall (SpeckmanE@michigan.gov or 517.373.9532) or Elizabeth Gallagher (GallagherE@michigan.gov or 517.335.5068).